

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>	7. Unit Agreement Name <u>W. Pearl Queen Unit</u>
2. Name of Operator <u>Gulf Oil Corporation</u>	8. Farm or Lease Name
3. Address of Operator <u>P. O. Box 670, Hobbs, NM 88240</u>	9. Well No. <u>112</u>
4. Location of Well UNIT LETTER <u>F</u> . <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat <u>Pearl Queen</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3772' GL</u>	12. County <u>Lea</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

POH with tubing, packer and tailpipe. Set CIBP at 4780'; pressure test casing 500#. Circulate hole. NU single side of wellhead, plug off remaining side.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED RD Pate TITLE Area Engineer DATE 7-2-81

APPROVED BY _____ TITLE _____ DATE JUL 6 1981

CONDITIONS OF APPROVAL, IF ANY: